

Foster Family Home - Corrective Action Report

Provider ID: 1-180001

Home Name: Charlene Arzaga, CNA

Review ID: 1-180001-2

15 Circle Drive

Reviewer: David Ayling

Wahiawa

HI 96786

Begin Date: 1/14/2019

Foster Family Home

Required Certificate

[11-800-6]


6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 1/14/19.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 bed certification.


Compliance Manager


Primary Care Giver

1/14/19
Date

1/14/19
Date